

**ISSUE SLIP STAMP AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	48	9/27/01
FORMALITY REVIEW	<i>[Signature]</i>	1020	10/16/01

LC INDEX OF CLAIMS

3-25-02

## INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
=	.....	Allowed	I	.....	Interference
-	(Through numeral)	Canceled	A	.....	Appeal
÷	.....	Restricted	O	.....	Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Claim		Date					
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**BEST AVAILABLE COPY**

**If more than 150 claims or 10 actions  
staple additional sheet here**

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